# Mecklenburg County Status Update

Department of Internal Audit
Clinical and Laboratory
Test Result Notifications Audit
Audit Review Committee Update
August 2, 2017

- Internal Audit is evaluating the design and effectiveness of the patient notification process for clinical laboratory and radiologic test results.
- In addition, we are reviewing and evaluating all relevant clinical data from April 1, 2014 through March 31, 2017.

#### Test areas:

- Cervical Cancer/HPV (Pap Smear)
- Colorectal Cancer
- HIV and STDs
- Hepatitis B and C
- Breast Cancer (Mammography)
- Tuberculosis

#### Test locations:

 NW and SE Health Department clinics and testing services provided by Community-Based Testing

#### Our audit excludes:

- Clinic testing services for which patients receive results in-clinic at the time of their visit
- Evaluation of the quality of provider diagnoses
- Patient follow-through on referrals for services
- Subsequent treatment provided by the County to patients
- Aging report requested by the Audit Review Committee and other activities stated in external consultants' scope of work

| Key Milestones  | Status    |
|---|-----------|
| Audit planning  | Completed |
| Conduct risk assessment   | Completed |
| Define and validate departmental process objectives                       | Completed |
| Interview departmental process owners                                     | Completed |
| Map workflows and identify key internal controls and control gaps         | Completed |
| Identify and confirm availability of relevant data for testing purposes   | Completed |
| Obtain internal electronic medical record (EMR) data for testing purposes | Completed |
| Obtain external electronic health record data for testing purposes        | Completed |

| Key Milestones   | Status     |
|--|------------|
| Communicate preliminary issues based on process design to Health Department Executive Leadership | Completed  |
| Communicate/compare issues and Pap smear results with consultants                                | Completed  |
| Identify instances of non-compliance to applicable criteria                                      | In process |
| Develop recommendations for improvement based on results of testing                              | In process |
| Communicate final issues to Health Department Executive Leadership                               | Pending    |

Preliminary Results and Recommendations Herein Subject to Final Management Review and Indexing and Referencing Process

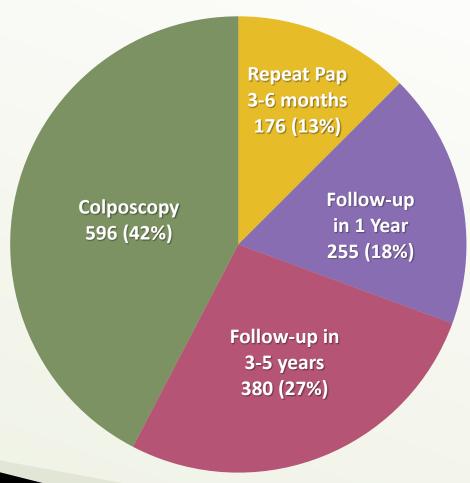
#### Testing Methodology

- Reviewed patient electronic medical records (EMR) to determine whether the County completed the required number of attempts to notify patients of abnormal or unsatisfactory test results
- Based notification criteria on available policy and management corroboration
- Identified in the EMR whether the patient was successfully notified
- Identified patient records that did not meet notification requirements
- Did not evaluate patient follow-through on referrals for services

## Pap Smear Testing Summary Counts

| Testing Timeframe             | Total Orders | Total Abnormal Results   |
|-------------------------------|--------------|--------------------------|
| April 2014 – January<br>2015  | 2,150        | 482<br>(manual review)   |
| February 2015 – March<br>2017 | 5,750        | 925<br>(data extraction) |
| TOTAL                         | 7,900        | 1,407                    |

## Abnormal/Unsatisfactory Pap Results by Provider Instructions



### Pap Smear Exceptions Summary

#### **Refer for Colposcopy**

| Requirements      | Number of Exceptions* | Percentage of Exceptions |
|-------------------|-----------------------|--------------------------|
| 1st Letter Sent   | 48 of 596             | 8%                       |
| 2nd Letter Sent   | 141 of 427            | 33%                      |
| 3rd Letter Sent   | 109 of 201            | 54%                      |
| -Certified Letter | 43 of 92              | 47%                      |

<sup>\*</sup>Population number reflects patients we could not confirm were successfully notified of test results.

#### **Pap Smear Exceptions Summary**

#### Repeat Pap in 3-4 or 6 months

| Requirements      | Number of Exceptions* | Percentage of Exceptions |
|-------------------|-----------------------|--------------------------|
| 1st Letter Sent   | 18 of 176             | 10%                      |
| 2nd Letter Sent   | 51 of 123             | 41%                      |
| 3rd Letter Sent   | 32 of 54              | 59%                      |
| -Certified Letter | 17 of 22              | 77%                      |

<sup>\*</sup>Population number reflects patients we could not confirm were successfully notified of test results.

#### Pap Smear Exceptions Summary

#### Follow-up in 1 year

| Requirements      | Number of Exceptions* | Percentage of Exceptions |
|-------------------|-----------------------|--------------------------|
| 1st Letter Sent   | 7 of 255              | 3%                       |
| 2nd Letter Sent   | 192 of 213            | 90%                      |
| 3rd Letter Sent   | 13 of 16              | 81%                      |
| -Certified Letter | 1 of 3                | 33%                      |

<sup>\*</sup>Population number reflects patients we could not confirm were successfully notified of test results.

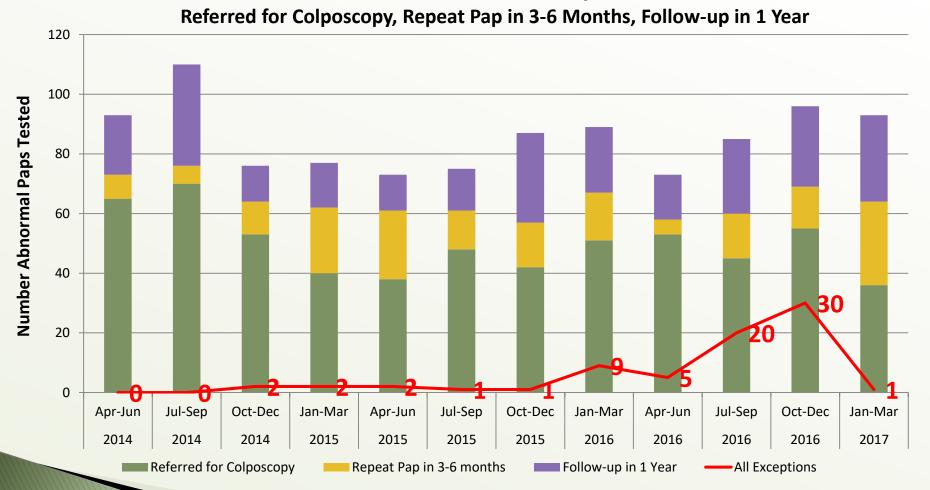
#### Pap Smear Exceptions Summary

#### Follow-up in 3-5 years

| Requirements      | Number of Exceptions* | Percentage of Exceptions |
|-------------------|-----------------------|--------------------------|
| 1st Letter Sent   | 50 of 380             | 13%                      |
| 2nd Letter Sent   | 290 of 298            | 97%                      |
| 3rd Letter Sent   | 6 of 7                | 86%                      |
| -Certified Letter | 1 of 1                | 100%                     |

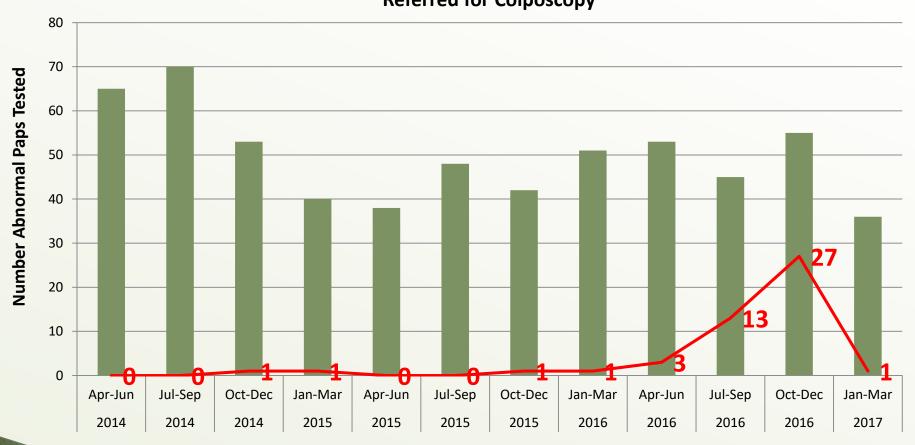
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#### **No Letter Sent Exceptions**



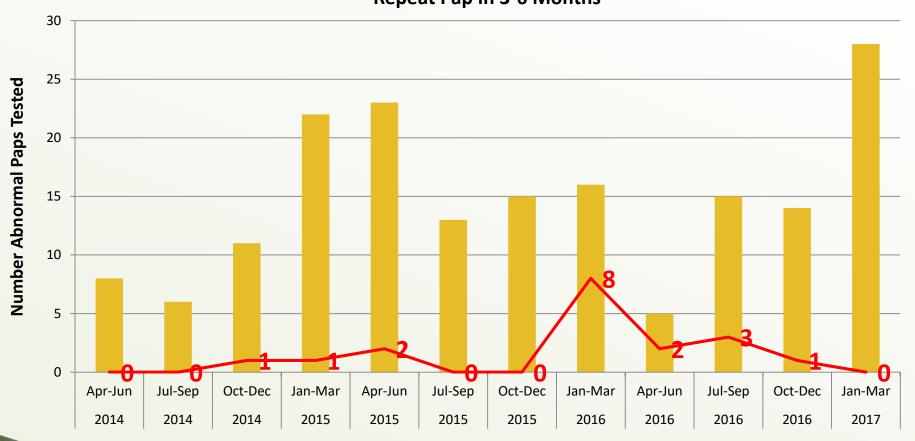
#### **No Letter Sent Exceptions**

**Referred for Colposcopy** 



#### **No Letter Sent Exceptions**

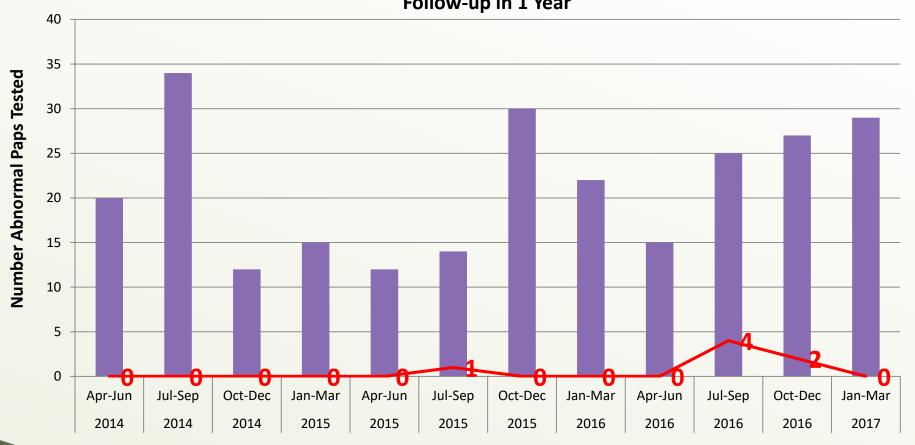
**Repeat Pap in 3-6 Months** 



Exceptions

#### **No Letter Sent Exceptions**





#### **No Letter Sent Exceptions**

Follow-up in 3-5 Years



#### **Audit Team**

- Felicia Stokes, Audit Manager
  - CIA, CISA, CRMA
- Chinyere Brown, Auditor-in-Charge
  - CIA, CFE
- Deborah Caldwell, Information Technology Auditor
  - CIA, CISA
- Joanne Prakapas, Director
  - CPA/CFF, CIA, CRMA, CFE

## **QUESTIONS**

